

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 129

For Official Use Only

Statement covers period

from 01/01/2009

through 06/30/2009

Date of election if applicable:  
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1316229

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
DeLaTorre for Insurance Commissioner 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90048</u>	<u>(323)655-4065</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>South Gate</u>	<u>CA</u>	<u>90280</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

( )

## Treasurer(s)

NAME OF TREASURER  
Jane Leiderman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90048</u>	<u>(323) 655-4065</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/31/2009 By Jane Leiderman  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/31/2009 By Hector De La Torre  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Hector De La Torre

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: Insurance Commissioner  
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

South Gate CA 90280

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Hector DeLaTorre for Assembly 2008-Officeholder Account

I.D.NUMBER

1319000

NAME OF TREASURER

Jane Leiderman

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90048 (323) 655-4068

COMMITTEE NAME

Hector De La Torre for State Assembly 2008

I.D.NUMBER

1292805

NAME OF TREASURER

Mary Ellen Padilla

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90048 (323) 655-4065

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period

from 01/01/2009

through 06/30/2009

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. NUMBER  
1316229

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$527,459.96	\$527,459.96
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$527,459.96	\$527,459.96
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$1,000.00	\$1,000.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$528,459.96	\$528,459.96

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$15,131.81	\$15,131.81
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$15,131.81	\$15,131.81
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$24,088.90	\$24,088.90
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$1,000.00	\$1,000.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$40,220.71	\$40,220.71

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$527,459.96	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$15,131.81	
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$512,328.15	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$24,088.90

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 4 of 129
		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/6/2007	409 Group Inc. Alexandria, VA 22314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	409 Group Inc. Alexandria, VA 22314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Robert Abernethy Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Standard Development President	\$5,000.00	\$5,000.00	2010P: \$5,000.00

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$526,937.86

2. Amount received this period - unitemized contributions of less than \$100 ..... \$522.10

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$527,459.96

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 5 of 129
I.D. Number 1316229		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Farshad Abir Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Khorrami Pollard & Abir Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 8/6/2007	Adidas Portland, OR 97217	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Lynn C. Adkins Rosemead, CA 91770	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 6/30/2007	Advance America Spartanburg, SC 29306	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 6 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/20/2007	Aecom Tech Corp. Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 7 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/23/2007	Wylie A. Aitken Santa Ana, CA 92707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wylie A. Aitken Consultant	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	Desi Alvarez Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Downey Director of Public Works	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Alvarez-Glasman & Colvin City of Industry, CA 91746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 8 of 129
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/25/2007	American Chemistry Council Arlington, VA 22209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	American Medical Response Greenwood Village, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Andrews & Thornton Irvine, CA 92606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 9 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Andrews & Thornton Irvine, CA 92606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 11/15/2007	Anheuser-Busch Co., Inc. Sacramento, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/19/2007	Apartment Association of Greater Los Angeles Los Angeles, CA 90005 Committee ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>10</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Apartment Association, California Southern Cities Long Beach, CA 90807 Committee ID: 782117	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00
Orig Ctrb Date: 11/29/2007	Apartment Association, California Southern Cities Long Beach, CA 90807 Committee ID: 782117	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/26/2007	Sharon Arkin Foothill Ranch, CA 92610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arkin & Glovsky Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 11 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2009	Robert Arns San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arns Law Firm Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 4/9/2007	AT&T California Employee PAC San Francisco, CA 94105 Committee ID: 981470	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$1,800.00	2010P: \$1,800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	AT&T Inc. and Its Affiliates San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 12 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/9/2007	Auburn Manor Holding Corporation Rocklin, CA 95677	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/23/2007	Bank of America Atlanta, GA 30308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	Bank of America Atlanta, GA 30308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 13 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Mary Anne Bendixen-Chern Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	White Memorial Hospital CEO	\$250.00	\$250.00	2010P: \$250.00
5/13/2009	Brian O. Bennett Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bennett Consultants Consultant	\$500.00	\$500.00	2010P: \$500.00
6/19/2009	Frederick R. Bennett Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	L.A. Superior Court Attorney	\$250.00	\$250.00	2010P: \$250.00
6/30/2009	Berman & More Attorneys at Law Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2010P: \$1,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>14</u> of <u>129</u>
		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/23/2007	Berman & More Attorneys at Law Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Bisnar & Chase LLP Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 11/8/2007	Bisnar & Chase LLP Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>15</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/21/2007	Blue Shield of CA San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	Blue Shield of CA San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/26/2007	BNSF Railway Co. Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,600.00	2010P: \$3,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 16 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/6/2007	BNSF Railway Co. Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	BNSF Railway Co. Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 17 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Douglas H. Bradley Long Beach, CA 90813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Veneer Manufacturing Co. Executive	\$100.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 11/29/2007	Douglas H. Bradley Long Beach, CA 90813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Veneer Manufacturing Co. Executive	\$150.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	CA Academy of Eye Physicians & Surgeons PAC Sacramento, CA 95814 Committee ID: 980331	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 3/23/2007	CA Academy of Ophthalmology PAC Sacramento, CA 95814 Committee ID: 980331	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>18</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	CA Academy of Ophthalmology PAC Sacramento, CA 95814 Committee ID: 980331	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	CA Applicants' Attorneys Assn. Sacramento, CA 95814 Committee ID: 746189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 19 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/13/2007	CA Assisted Living Assn. PAC Sacramento, CA 95814 Committee ID: 1247506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,800.00	2010P: \$1,800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA Assisted Living Assn. PAC Sacramento, CA 95814 Committee ID: 1247506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$800.00	\$1,800.00	2010P: \$1,800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Assn of Professional Scientists CAPS-PAC Sacramento, CA 95814 Committee ID: 860894	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 20 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 7/20/2007	CA Association of Highway Patrolmen Sacramento, CA 95818 Committee ID: 802001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Association of Highway Patrolmen Sacramento, CA 95818 Committee ID: 802001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/20/2007	CA Association of Marriage and Family Therapists PAC Sacramento, CA 95814 Committee ID: 801218	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/23/2007	CA Association of Psychiatric Technicians, Inc. Sacramento, CA 95811 Committee ID: 882070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	CA Association of Psychiatric Technicians, Inc. Sacramento, CA 95811 Committee ID: 882070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>22</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	CA Attorneys for Criminal Justice PAC Sacramento, CA 95814 Committee ID: 821137	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	CA Bankers Association State PAC Sacramento, CA 95814 Committee ID: 742694	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 23 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/21/2007	CA Beer & Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	CA Building Industry Assn. PAC Sacramento, CA 95814 Committee ID: 890483	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	CA Cable & Telecommunications Assn. Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,500.00	2010P: \$2,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 24 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2007	CA Cable & Telecommunications Assn. Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Chamber of Commerce PAC Sacramento, CA 95814 Committee ID: 950352	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>25</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/20/2007	CA Credit Union League PAC Rancho Cucamonga, CA 91730 Committee ID: 760225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA Dental PAC Sacramento, CA 95814 Committee ID: 742855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	CA Financial Service Providers PAC Sacramento, CA 95814 Committee ID: 901491	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 26 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA Grocers Association PAC Sacramento, CA 95814 Committee ID: 760914	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/21/2007	CA Hospital Association PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 27 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/21/2007	CA Hospital Association PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Hospital Association PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/6/2007	CA Laborers for Equality & Progress El Monte, CA 91731 Committee ID: 781984	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>28</u> of <u>129</u>
		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA Medical Association (SCC) Sacramento, CA 95814 Committee ID: 1231460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$7,200.00	2010P: \$7,200.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	CA Medical Association (SCC) Sacramento, CA 95814 Committee ID: 1231460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$6,200.00	\$7,200.00	2010P: \$7,200.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>29</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/21/2007	CA Mortgage Association PAC Sacramento, CA 95814 Committee ID: 990462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA Motor Car Dealers Assn PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/20/2007	CA Motor Car Dealers Assn PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 30 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	CA Nurses Association PAC Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 3/13/2007	CA Nurses Association PAC Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Nurses Association PAC Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>31</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	CA Orthopedic Assn. PAC Sacramento, CA 95819 Committee ID: 822774	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/21/2007	CA Orthotics & Prosthetics Assn. PAC Sacramento, CA 95814 Committee ID: 791961	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>32</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/15/2007	CA Pharmacists PAC Sacramento, CA 95834 Committee ID: 741831	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	CA Physical Therapy PAC Sacramento, CA 95833 Committee ID: 780079	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/21/2007	CA Professional Firefighters (SCC) Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$5,000.00	2010P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 33 of 129
I.D. Number 1316229		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/21/2007	CA Professional Firefighters (SCC) Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$5,000.00	2010P: \$5,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Professional Firefighters (SCC) Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00	\$5,000.00	2010P: \$5,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>34</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/29/2007	CA Psychiatric PAC Sacramento, CA 95814 Committee ID: 790281	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/21/2007	CA Restaurant Association PAC Sacramento, CA 95814 Committee ID: 890231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	CA Restaurant Association PAC Sacramento, CA 95814 Committee ID: 890231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$3,600.00	2010P: \$3,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 35 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CA State Council of Laborers PAC Sacramento, CA 95814 Committee ID: 902770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	CA State Employees' Association Member Action Committee Sacramento, CA 95814 Committee ID: 950799	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>36</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/30/2007	CA Tribal Business Alliance State Candidate PAC Sacramento, CA 95814 Committee ID: 1271551	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/26/2007	CA Veterinary Medical Association Sacramento, CA 95815 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	CA Workers Compensation Defense Attorney's Association Sacramento, CA 95814 Committee ID: 903125	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 37 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/9/2007	California/Nevada Soft Drink Association Sacramento, CA 95814 Committee ID: 802438	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Camco Pacific Construction Company Inc. Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
Orig Ctrb Date: 6/5/2007	Ricardo Cano Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RMA Construction Consultant	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 38 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 7/20/2007	CashAmerica Fort Worth, TX 76102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	CAUSE Pac Sacramento, CA 95814 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	CCPOA PAC Sacramento, CA 95814 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>39</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	CDF Firefighters Sacramento, CA 95814 Committee ID: 790318	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Chambers & Noronha Law Offices of Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 11/20/2007	Jean G. Champommier Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alma Family Services CEO	\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>40</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	Check into Cash of California Inc. Alexandria, VA 22314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	Check into Cash of California Inc. Alexandria, VA 22314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 41 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/9/2007	Chevron Corporation Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	Chevron Corporation Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	Chevron Corporation Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	CitiGroup Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/29/2007	John A. Clarke Sierra Madre, CA 91024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	L.A. Superior Court Executive Officer	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Jack R. Cline, Jr. Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee & Associates Real Estate	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 6/21/2007	Clorox Company Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Michael G. Colantuono Penn Valley, CA 95946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Colantuono, Levin & Rozell APC Attorney	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 11/29/2007	John C. Collinson Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Int'l House of Blues Foundation Fundraiser	\$250.00	\$250.00	2010P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>44</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Joseph E. Comstock La Mirada, CA 90638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of South Gate Manager	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 6/30/2007	Conaway Preservation Group LLC Sacramento, CA 95864	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/9/2007	Consumer Attorney's PAC Sacramento, CA 95814 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	Consumer Attorney's PAC Sacramento, CA 95814 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	Consumer Attorneys Association of Los Angeles PAC Los Angeles, CA 90017 Committee ID: 871554	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 46 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/26/2007	Scott Cooper Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Cooper Law Firm Attorney	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Cooper Law Firm Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 10/23/2007	Corrections Corporation of America (CCA) Nashville, TN 37215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/2009	Covenant Care ALiso Viejo, CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 10/11/2007	CSLEA PAC Sacramento, CA 95814 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$1,600.00	2010P: \$1,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/27/2007	DaVita Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 48 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/10/2009	Mary R. De Witt South Gate, CA 90280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Downey Unified School Dist. Teacher	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	Bahar Dejban Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Khorram Pollard & Abiro Attorney	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 3/26/2007	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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DeLaTorre for Insurance Commissioner 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Castulo DeLa Rocha La Habra Heights, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Altamed Executive	\$2,000.00	\$2,000.00	2010P: \$2,000.00
6/26/2009	DeMenno Kerdoon Compton, CA 90222	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$6,000.00	2010P: \$6,000.00
Orig Ctrb Date: 11/29/2007	DeMenno Kerdoon Compton, CA 90222	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/1/2007	District Council of Iron Workers Pol. Action League Pinole, CA 94504 Committee ID: 831683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,200.00	\$7,200.00	2010P: \$7,200.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/30/2007	Diversity Consulting Group Santa Barbara, CA 93110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	Dollar Financial Group Inc. Blaine, WA 98230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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DeLaTorre for Insurance Commissioner 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Luis R. Dominicis Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Luis R. Dominicis DDS Dentist	\$3,000.00	\$3,000.00	2010P: \$3,000.00
Orig Ctrb Date: 6/27/2007	Education Management LLC Lambectville, NJ 08530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	EDVOICE PAC Mill Valley, CA 94941 Committee ID: 1243091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$2,500.00	2010P: \$2,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/30/2007	EDVOICE PAC Mill Valley, CA 94941 Committee ID: 1243091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/6/2007	Eli Lilly and Company Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b>
Page <u>53</u> of <u>129</u>		
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/6/2007	Employers Compensation Insurance Co Fresno, CA 93711	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,333.00	\$1,333.00	2010P: \$1,333.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	Englander & Associates Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	Enterprise Rent-A-Car Company Saint Louis, MO 63105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1316229

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	Evergreen Rehabilitation Care Center Modesto, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	Faculty Association of CA Community Colleges Sacramento, CA 95814 Committee ID: 841118	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>55</u> of <u>129</u>
		I.D. Number 1316229

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/1/2007	Farmers' Group Inc. Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/10/2009	Fields, Michael Law Offices of Artesia, CA 90701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 6/5/2007	Fiesta Taxi Co-Op Inc. Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 56 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2009	Fundacion La Curacao Para Los Ninos Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/19/2009	David Garcia Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCE Manager	\$100.00	\$100.00	2010P: \$100.00
6/30/2009	Rachel L. Garrison Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brennan Weiner & Associates Paralegal	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 4/9/2007	Genentech S. San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 57 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Gibson & Hughes Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 11/8/2007	Gibson & Hughes Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Thomas P. Glynn, III Belmont, MA 02478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner's Health Care Administrator	\$500.00	\$500.00	2010P: \$500.00
6/26/2009	Goldrich, Kest, Hirsch & Stern LLC Culver City, CA 90230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 58 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Bryan T. Gonzales South Gate, CA 90280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gonzales Automotive Group Inc. Car Dealer	\$100.00	\$100.00	2010P: \$100.00
6/30/2009	Henry C. Gonzalez South Gate, CA 90280	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 3/13/2007	Greater Anesthesia Service And PAC Sacramento, CA 95814 Committee ID: 760981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Barrett K. Green Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Littler, Mendleson, PC Attorney	\$250.00	\$500.00	2010P: \$500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 59 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/29/2007	Barrett K. Green Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Littler, Mendleson, PC Attorney	\$250.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	J.E. Grigsby, III Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Health Foundation President	\$250.00	\$250.00	2010P: \$250.00
6/30/2009	Marta S. Harris Corona, CA 92880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA School Employees Association Labor Union Rep.	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 4/5/2007	HCR Manor Care Toledo, OH 43699	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
		Page 60 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Heat & Frost Insulators & Asbestos & Asbestos Workers, Local 5 Azusa, CA 91702 Committee ID: 1232371	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$12,900.00	\$12,900.00	2010P: \$12,900.00
6/19/2009	Patricia A. Heineke La Mirada, CA 90638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Downey Unified School Dist. Director	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 5/29/2007	Hewlett Packard Palo Alto, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 61 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/6/2007	Hewlett Packard Palo Alto, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/18/2009	S. Daniel Higgins Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	S. Daniel Higgins Physician	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/19/2009	Thomas J. Higgins San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prosetta Co. Director	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	Hodes Milman LLP Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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6/26/2009	Hollywood Park Casino Inglewood, CA 90303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/30/2009	Howard & Nassiri LLP Anaheim, CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 10/23/2007	HSBC North America Prospect Heights, IL 60070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,400.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	HSBC North America Prospect Heights, IL 60070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$600.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/5/2007	Manuel Huerta El Monte, CA 91732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bazan, Huerta & Associates Attorney	\$300.00	\$300.00	2010P: \$300.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	IBEW Educational Committee Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 10/23/2007	Insurance and Brokers Assn. PAC (IBAPAC) Sacramento, CA 95814 Committee ID: 743103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Wendy M. James Burbank, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Better World Group Environmental Consultant	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 6/29/2007	John Deere Political Action Committee Moline, IL 61265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Debra R. Judelsan Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cardiovascular Medical Group Physician	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2009	Betty Karnette Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Legislator	\$100.00	\$300.00	2010P: \$300.00
6/30/2009	Betty Karnette Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Legislator	\$100.00	\$300.00	2010P: \$300.00
Orig Ctrb Date: 11/29/2007	Betty Karnette Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Legislator	\$100.00	\$300.00	2010P: \$300.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Richard Katz Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Katz Consultant	\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	James M. Kenna Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KPA Attorney Attorney	\$250.00	\$250.00	2010P: \$250.00
6/30/2009	Iraj Khorrami Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shefir Construction Inc. Civil Engineer	\$4,000.00	\$4,000.00	2010P: \$4,000.00
6/30/2009	Shawn Khorrami Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Khorrami Pollard & Abir Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 11/15/2007	Kraft Foods Global Inc. Winnetka, IL 60093	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Howard R. Krauss Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Eye & Ear Specialist Eye Physician	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 10/23/2007	Yoshiaki C. Kubota Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yoshiaki C. Kubota Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Eugene La Pietra Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eugene La Pietra Businessperson	\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/26/2009	Donald E. La Plante Downey, CA 90242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Duarte Unified School Dist. Teacher	\$100.00	\$100.00	2010P: \$100.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/29/2007	La Unica Tortilleria South Gate, CA 90280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/29/2007	Laborers' Local 300 Los Angeles, CA 90020 Committee ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	M. Lawrence Lallandale Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lallandale Law Corp. Attorney	\$1,000.00	\$1,000.00	2010P: \$1,000.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/10/2009	Burton S. Levinson Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burton S. Levinson A Prof. Corp. Attorney	\$2,300.00	\$4,500.00	2010P: \$4,500.00
6/26/2009	Burton S. Levinson Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burton S. Levinson A Prof. Corp. Attorney	\$2,200.00	\$4,500.00	2010P: \$4,500.00
6/30/2009	Liebeck, Kevin G. Law Offices of Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 11/29/2007	Llovio South Gate, CA 90280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2010P: \$200.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Local 11, Pol. Action Comm. Pasadena, CA 91101 Committee ID: 822725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$12,900.00	2010G: \$6,400.00 2010P: \$6,500.00
6/30/2009	Local 11, Pol. Action Comm. Pasadena, CA 91101 Committee ID: 822725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,400.00	\$12,900.00	2010G: \$6,400.00 2010P: \$6,500.00
6/19/2009	Local 770 United Food and Commercial Workers Union PAC Los Angeles, CA 90005 Committee ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
6/30/2009	Local 770 United Food and Commercial Workers Union PAC Los Angeles, CA 90005 Committee ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,500.00	2010P: \$3,500.00
Orig Ctrb Date: 11/29/2007	Local 770 United Food and Commercial Workers Union PAC Los Angeles, CA 90005 Committee ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/5/2007	Oswaldo Lopez Los Angeles, CA 90022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of L.A. Director	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/20/2007	Los Angeles County Firefighters Local 1014 El Monte, CA 91731 Committee ID: 742006	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
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Orig Ctrb Date: 11/29/2007	Los Angeles Police Protective League PAC Sacramento, CA 95814 Committee ID: 743579	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Alan Lowenthal For State Senate Los Angeles, CA 90048 Committee ID: 1272281	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	2010P: \$3,900.00
6/26/2009	Kevin P. MacDonald Lakewood, CA 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARC of Southeast LA County Executive Director	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	Peter J. Mackler Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Memorial Gov't Affairs	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/26/2007	Maersk Inc. Charlotte, NC 28209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Lisa Maili Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Maili Attorney	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 10/23/2007	Maki, Lisa L. Law Offices of Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 74 of 129
		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/19/2007	McDonald's CA Operators PAC Sacramento, CA 95814 Committee ID: 782257	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Robert L. McKay San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McKay Investment Group Investor	\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/19/2009	Jack P. Melmed Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jack P. Melmed O.D. Inc. Optometrist	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 5/29/2007	Merck & Co., Inc. Whitehouse Station, NJ 08889	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 75 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	George J. Mhlstein Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/19/2009	Gary D. Milliman Brookings, OR 97415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of South Gate City Manager	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 11/8/2007	Jeffrey A. Milman Coto De Caza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lopez Hodes et al Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 76 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/10/2009	John B. Mockler Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mocklen & Associates Consultant	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	John C. Molina Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Molina Healthcare CFO	\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 10/26/2007	John A. Montevideo Santa Ana, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DiMarco Arayo & Montevideo Attorney	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Ian Montone Los Angeles, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Monotone Inc. Owner	\$2,500.00	\$2,500.00	2010P: \$2,500.00

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>77</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/19/2007	Motion Picture Association of America CA PAC Encino, CA 91436 Committee ID: 901889	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/26/2009	Nogales Invstors Management LLC Los Angeles, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/26/2009	Northgate Gonzalez LLC Anaheim, CA 92805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 4/9/2007	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 78 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2007	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Mary M. Oki West Covina, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$200.00	\$200.00	2010P: \$200.00
6/26/2009	OPI Products Inc. North Hollywood, CA 91605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 79 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/5/2007	Max A. Ordonez Whittier, CA 90604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Associates Inc. Vice President	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Eliazer Ortiz Bell Gardens, CA 90201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Pescador Restauranter	\$100.00	\$100.00	2010P: \$100.00
6/26/2009	Paboojian, Warren R. Inc. Fresno, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 11/15/2007	Paramount Farming Company Bakersfield, CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>80</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Paramount Petroleum Corporation Paramount, CA 90723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/26/2009	Parker Mills LLP Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 5/29/2007	Paskenta Band of Nomlaki Indians Orland, CA 95963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 81 of 129
		I.D. Number 1316229

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/13/2007	Peace Officers Research Association of CA PAC Sacramento, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/6/2007	Peace Officers Research Association of CA PAC Sacramento, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/20/2007	PepsiCo Inc. Purchase, NY 10577	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

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Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	Personal Insurance Federation of CA Sacramento, CA 95814 Committee ID: 910256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2007	Personal Insurance Federation of CA Sacramento, CA 95814 Committee ID: 910256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 83 of 129
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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/13/2007	Pfizer Inc. New York, NY 10017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	PG&E Corp. San Francisco, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,121.00	2010P: \$2,121.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	PG&E Corp. San Francisco, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,121.00	\$2,121.00	2010P: \$2,121.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>84</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	Picayune Rancheria of the Chukchansi Indians Coarsegold, CA 93614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Chester J. Pipkin Compton, CA 90220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Belkin Int'l Inc. CEO	\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/30/2009	Plumbers Local Union 78 PAC Los Angeles, CA 90015 Committee ID: 920927	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2010P: \$1,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>85</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/20/2007	Plumbers Local Union 78 PAC Los Angeles, CA 90015 Committee ID: 920927	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/21/2007	Pol. Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,800.00	\$2,800.00	2010P: \$2,800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	Pol. Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,800.00	2010P: \$2,800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>86</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/13/2007	Political Action by Pest Control Operators West Sacramento, CA 95691	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Dylan Pollard Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Khorrami Pollard & Abir Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
6/30/2009	Daniel J. Pondella, II Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occidental College Marine Biologist	\$250.00	\$250.00	2010P: \$250.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>87</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Richard R. Powers Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gateway Cities Executive Director	\$100.00	\$100.00	2010P: \$100.00
6/30/2009	Professional Engineers in CA Gov't PECG-PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$5,500.00	2010P: \$5,500.00
Orig Ctrb Date: 3/13/2007	Professional Engineers in CA Gov't PECG-PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$5,500.00	2010P: \$5,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/13/2007	Professional Engineers in CA Gov't PECG-PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$5,500.00	2010P: \$5,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 88 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	Professional Engineers in CA Gov't PECG-PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$5,500.00	2010P: \$5,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	Property ID Corporation Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 89 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2009	PS Two LLC Sherman Oaks, CA 91403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 6/27/2007	QC Holdings Inc. Overland Park, KS 66210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	Quest Washington, DC 20006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 90 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/29/2007	Rangel, Ricardo & Associates South Gate, CA 90260	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$800.00	2010P: \$800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/29/2007	Rangel, Ricardo & Associates South Gate, CA 90260	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$800.00	2010P: \$800.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/8/2007	Rapillo, John P. Law Offices of Newport Beach, CA 92663	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 91 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Yana Ratiner Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$150.00	\$150.00	2010P: \$150.00
Orig Ctrb Date: 4/9/2007	Riverside Health Care Corp. Chico, CA 95928	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Rockview Farms Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 92 of 129

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2009	Dominick W. Rubalcava Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dominick W. Rubalcava Attorney	\$500.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 10/23/2007	Ryan, Timothy J. Associates APC Huntington Beach, CA 92647	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Safeway Inc. Pleasanton, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
6/30/2009	Raul F. Salinas Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Raul F. Salinas Attorney	\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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Orig Ctrb Date: 6/27/2007	San Francisco Bar Pilots San Francisco, CA 94111 Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	San Francisco Bar Pilots San Francisco, CA 94111 Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	San Manuel Tribal Administration Highland, CA 92346	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 94 of 129
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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/11/2007	Schering Corporation Kenilworth, NJ 07033	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/26/2007	Douglas W. Schroeder Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Douglas W. Schroeder Attorney	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 95 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/9/2007	SEIU-United Long Term Care Workers Local 6434 State PAC Los Angeles, CA 90057 Committee ID: 1234250	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/21/2007	Sempra Energy San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/6/2007	Sempra Energy San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2010P: \$2,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 96 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Shafai, J. MD, Inc. Cudahy, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 11/29/2007	Shafai, J. MD, Inc. Cudahy, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/26/2007	Shea, Kennon S. & Associates Quincy, CA 95971	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 97 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Sinan A. Sinanian Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sinan A. Sinanian Builder	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	Skilled Healthcare LLC Foothill Ranch, CA 92610	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/19/2009	Ray T. Smith Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Bellflower Councilmember	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 11/8/2007	Amy F. Solomon Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Girardi & Keese Attorney	\$250.00	\$250.00	2010P: \$250.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>98</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Sony Pictures Ent. Inc. Culver City, CA 90232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/30/2009	Tom Soto Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craton Equity Partners Managing Partner	\$500.00	\$500.00	2010P: \$500.00
6/30/2009	Southern CA Edison Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 4/9/2007	Southern CA Edison Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$6,500.00	2010P: \$6,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 99 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Southwest Regional Council of Carpenters Pol. Action Fund Los Angeles, CA 90071 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
Orig Ctrb Date: 10/23/2007	Christine D. Spagnoli Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greene Broillet & Wheeler Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Spiwak, Jose MD A Professional Corp. Encino, CA 91436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 100 of 129

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Orig Ctrb Date: 11/29/2007	Sprinkler Fitters Local #709 Whittier, CA 90606 Committee ID: 901643	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	Sprint Nextel Reston, VA 20191	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/5/2007	St. Francis Extended Care Inc. Hayward, CA 94541	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 101 of 129
I.D. Number 1316229		

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/5/2007	St. Michael Convalescent Hospital Inc. Hayward, CA 94544	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	State Building & Construction Trades Council of CA PAC Sacramento, CA 95814 Committee ID: 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$12,900.00	\$12,900.00	2010P: \$12,900.00
Orig Ctrb Date: 11/29/2007	Stockstill Communications Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 102 of 129

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NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Swift, Timothy J. Law Offices of Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 10/1/2007	Sycuan Band of the Kumeyaay Nation El Cajon, CA 92019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/11/2007	Syngenta Greensboro, NC 27409	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,200.00	\$1,200.00	2010P: \$1,200.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 103 of 129

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Orig Ctrb Date: 6/19/2007	T-Mobil USA Inc. Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/25/2007	T-Mobil USA Inc. Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$3,600.00	2010P: \$3,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 104 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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Orig Ctrb Date: 11/29/2007	John Taormina Downey, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Farm Insurance Co. Insurance Agent	\$150.00	\$150.00	2010P: \$150.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	TDI Signs Long Beach, CA 90813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
6/19/2009	Mary A. Tipton Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
6/29/2009	Juan Carlos Torres Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Gov't	\$200.00	\$200.00	2010P: \$200.00

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 105 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/26/2007	Traut, Eric V. A Prof. Law Corp. Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/20/2007	Tri-Modal Distribution Services Inc. Long Beach, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Triangle Distribution Co. Santa Fe Springs, CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 106 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/6/2007	Twentieth Century Fox Film Corporation Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/26/2007	TwinMed LLC Santa Fe Springs, CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Leandro Tyberg Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Primestor Real Estate	\$3,600.00	\$3,600.00	2010P: \$3,600.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>107</u> of <u>129</u>
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Richard D. Tyberg Los Angeles, CA 90035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nielson Business Media Advertising	\$3,000.00	\$3,000.00	2010P: \$3,000.00
6/26/2009	UA Journeymen & Apprentices Local #250 Gardena, CA 90248 Committee ID: 743959	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
Orig Ctrb Date: 3/23/2007	UAW Region 5 Western States PAC Pico Rivera, CA 90660 Committee ID: 743787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	UFCW Local 324 PAC Buena Park, CA 90622 Committee ID: 1306048	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 108 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/21/2007	Union of American Physicians & Dentists Medical Defense Fund Oakland, CA 94612 Committee ID: 811278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/29/2007	Union Pacific Railroad Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	Unionbancal Corporation San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 109 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Unitas Trust Beverly Hills, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/30/2009	United Pharmacists Network Inc. Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 5/29/2007	UPSPAC-California Atlanta, GA 30328 Committee ID: 921055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,600.00	\$5,600.00	2010P: \$5,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 110 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/20/2007	UPSPAC-California Atlanta, GA 30328 Committee ID: 921055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$5,600.00	2010P: \$5,600.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/5/2007	Venturan Convalescent Center Ventura, CA 93003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 7/20/2007	Verizon Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2010P: \$2,500.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 111 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/11/2007	Verizon Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/5/2007	Michael P. Vicencia Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Judge	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
		Page 112 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. Number 1316229

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2009	Viejas Tribal Government Alpine, CA 91901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$6,500.00	2010P: \$6,500.00
Orig Ctrb Date: 6/30/2007	Viejas Tribal Government Alpine, CA 91901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$6,500.00	2010P: \$6,500.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Daniel D. Villanueva Pasadena, CA 91101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RC Fontis Executive	\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 6/5/2007	M. Teresa Villegas Los Angeles, CA 90031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MTV Environmental Consulting Principal	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 113 of 129
		I.D. Number 1316229

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NAME OF FILER

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Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/5/2007	Vintage Estates Inc. dba Vintage Estates of Sacramento Sacramento, CA 95838	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/9/2007	Walgreens Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 114 of 129
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Orig Ctrb Date: 6/21/2007	Walgreens Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	Walgreens Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$600.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/23/2007	Walgreens Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$4,000.00	2010P: \$4,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

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from	01/01/2009	
through	06/30/2009	Page 115 of 129

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Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	Waste Management-Western Group and Waste Management, affiliated entities San Rafael, CA 94903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,833.86	\$1,833.86	2010P: \$1,833.86
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Howard S. Welinsky Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Bros. Pictures Sr. Vice President	\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/19/2009	Alan D. Wheat Bethesda, MD 20817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wheat Gov't Relations Owner	\$250.00	\$250.00	2010P: \$250.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 116 of 129

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DeLaTorre for Insurance Commissioner 2010

I.D. Number  
1316229

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2009	Paul B. Yost Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allied Physician	\$100.00	\$100.00	2010P: \$100.00
6/30/2009	Beth D. Zachary Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	White Medical Center President	\$250.00	\$250.00	2010P: \$250.00
6/30/2009	Jose R. Zepeda, Sr. Huntington Park, CA 90255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jose R. Zepeda, Sr. Publisher	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 6/5/2007	Michael Zogsmith Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NAI Capital Inc. Chairman	\$3,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 3/17/2009	***TRANSFER*** Hector De La Torre for State Assembly 2008 Los Angeles, CA 90048 Committee ID: 1292805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$526,937.86

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2009 through 06/30/2009	<b>CALIFORNIA FORM 460</b>
Page 117 of 129	I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2009 through 06/30/2009	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
Page <u>119</u> of <u>129</u>	I.D. Number 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Buchert Development LLC Long Beach, CA 90805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Services	\$1,000.00	\$1,000.00	2010P: \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$1,000.00

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$1,000.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$1,000.00

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	01/01/2009		
through	06/30/2009	Page 120 of 129	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,970.00	\$2,970.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$2,970.00

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... **\$2,970.00**
- Unitemized contributions and independent expenditures made this period of under \$100 ..... **\$0.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$2,970.00**



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b>  Page 121 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Sacramento, CA 95887-0001	OFC			\$34.62
AT&T Mobility Atlanta, GA 30342	OFC			\$322.98
California Democratic Party Sacramento, CA 95814	CTB			\$2,970.00
Committee ID: 741666				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$14,997.93
2. Unitemized payments made this period of under \$100. ....	\$133.88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$15,131.81

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 122 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Angelina Catering Sacramento, CA 95823			Deposit for CDP Convention Luncheon	\$3,000.00
Angelina Catering Sacramento, CA 95823			Catering for CDP Convention Luncheon	\$1,800.00
Magnolia Grill Sacramento, CA 95814			Space Rental for CDP Convention Luncheon	\$500.00
Ed Hume La Verne, CA 91750	CNS			\$450.00
U.S. Postmaster (SG) South Gate, CA 90280-9992	POS			\$70.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 123 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jude Calvillo Westwood, CA 90025	WEB			\$800.00
Statecraft, Inc. La Jolla, CA 92037			Licensing Fee	\$75.00
Padilla & Associates Los Angeles, CA 90048	PRO			\$1,059.78
Firefighters Print & Design Sacramento, CA 95833	LIT			\$388.24
AT&T Mobility Atlanta, GA 30342	OFC			\$310.29

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 124 of 129
NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Sacramento, CA 95887-0001	OFC			\$35.05
Statecraft, Inc. La Jolla, CA 92037			Licensing Fee	\$75.00
Padilla & Associates Los Angeles, CA 90048	PRO			\$1,555.91
AT&T Sacramento, CA 95887-0001	OFC			\$35.00
AT&T Mobility Atlanta, GA 30342	OFC			\$296.71

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
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NAME OF FILER DeLaTorre for Insurance Commissioner 2010		I.D. NUMBER 1316229

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Boston, MA 02118			Cr.Card Processing Fee	\$19.75
ActBlue Boston, MA 02118			Cr.Card Processing Fee	\$269.60
Judy Chu for Congress Los Angeles, CA 90025			From Federal Permissible Funds	\$1,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$15,067.93

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

I.D. NUMBER  
1316229

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Progressive Strategy Partners, Inc. Los Angeles, CA 90064	CNS	\$0.00	\$22,987.90	\$0.00	\$22,987.90
Torrey Pines Bank San Diego, CA 92101		\$0.00	\$1,101.00	\$0.00	\$1,101.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$0.00 \$24,088.90 \$0.00 \$24,088.90

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$24,088.90
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$24,088.90  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 127 of 129

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NAME OF FILER  
DeLaTorre for Insurance Commissioner 2010

I.D. NUMBER  
1316229

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Torrey Pines Bank

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster (SG) South Gate, CA 90280-9992	POS			\$1,101.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2009 through 06/30/2009	<b>CALIFORNIA FORM 460</b>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required



# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 01/01/2009  
through 06/30/2009

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

## Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

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